# Next Generation of Ohio Medicaid
## Provider Factsheet

### FAQs

|  | Question | Answer |
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| **I am a current or new Ohio Medicaid provider….** | | |
| 1 | Why is the Next Generation of Ohio Medicaid program being implemented in stages, and what is the timeline for implementation? | ODM is implementing the Next Generation of Ohio Medicaid program in stages to avoid unnecessary disruption and confusion for members and to reduce burdens on our service providers. The staggered approach remains true to our Next Generation vision – to ensure that we keep our focus on the individual, honor members' choice, and provide continuity in the provision of members' care.<br><br>The Next Generation of Ohio Medicaid program will be implemented in three stages:<br>• Stage 1: On July 1, 2022, **OhioRISE** began providing specialized services, which help children and youth with behavioral health needs and help coordinate care for those who receive care across multiple systems.<br>• Stage 2: On October 1, 2022, **Centralized Provider Credentialing** will begin through the Ohio Medicaid Enterprise System (OMES) Provider Network Management (PNM) module, which will reduce administrative burden on providers. Also, the **Single Pharmacy Benefit Manager** (**SPBM)** will begin providing pharmacy services to members across all managed care plans.<br>• Stage 3: On December 1, 2022, the implementation of the **Next Generation managed care plans** will occur. Members will experience benefits that help address their individual health care needs such as increased access to care coordination and care management supports. Also in stage three, ODM will complete the OMES implementation including the **Fiscal Intermediary (FI)** which will simplify and streamline the provider process for submitting claims and prior authorizations. |
| 2 | How does the staggered implementation of the Next Generation program impact my contract(s) with managed care organizations (MCOs)? | The staggered implementation of the Next Generation program will not result in changes or terminations to providers' current MCO contracts. Please contact the current MCO(s) with which you contract today if you have questions or concerns about your contract. |

| 3 | When will providers receive more information and training on the Provider Network Management (PNM) module and Next Generation processes for credentialing, claims, and prior authorization submission? | As ODM prepares to transition to Centralized Credentialing on October 1, 2022 and streamline the process for claims and prior authorization submissions before the year ends, we will send communications and provide trainings to inform and support providers, provider associations, and trading partners in understanding the changes they will experience. Training is expected to begin in late summer 2022. In addition to trainings, ODM will communicate key dates and recommended actions to prepare providers, provider associations, and trading partners for the upcoming changes. <br><br> Additional details will be communicated through various channels including the PNM & Centralized Credentialing webpage and the ODM 2022 Press newsletter. To subscribe to the ODM 2022 Press, please fill out this form and be sure to check the "ODM 2022 Press" box. |
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| 4 | Will providers have an opportunity to participate in system testing for the Provider Network Management (PNM) module prior to go-live? | ODM is currently finalizing the future PNM testing schedule and will include providers in testing. We will provide more details as it becomes available. |
| 5 | How will the staggered implementation of the Next Generation program impact claims submission? | Providers and trading partners will continue to submit claims according to the managed care organizations' (MCOs) billing guidance. When ODM begins accepting claims through the OMES modules – the Single Pharmacy Benefit Manager (SPBM) module for pharmacy claims in October and the Provider Network Management (PNM) and Electronic Data Interchange (EDI) modules for managed care claims before the year end – providers and trading partners will benefit from streamlined processes and reduced administrative burden. |
| 6 | How do I handle prior authorization requests? | Providers and trading partners will continue to submit prior authorization requests according to the managed care organizations' (MCOs) billing guidance. When ODM begins accepting prior authorization requests through the OMES modules – the Single Pharmacy Benefit Manager (SPBM) module for pharmacy prior authorizations in October and the Provider Network Management (PNM) and Electronic Data Interchange (EDI) modules for managed care prior authorizations before the year ends – providers and trading partners will benefit from streamlined processes and reduced administrative burden. |

| 7 | Will members receive new managed care member ID cards? | Yes, members will receive a new Medicaid / managed care plan ID card. <br> • Starting July 1, 2022, if you or a child in your family is in the OhioRISE program, a new ID card indicating OhioRISE enrollment, and more information will be sent to you. <br> • Prior to October 1, 2022, every managed care enrollee (including OhioRISE members) will be mailed a new ID card with updated pharmacy information. If you or a child in your family is in the OhioRISE program, this ID card will also indicate OhioRISE enrollment, making this your only card. If you have not received a new member ID card, please contact your managed care plan. <br> • If you have selected a new managed care plan during open enrollment, in November 2022, or are in fee-for-service enrolling in managed care for the first time, you will be sent a new Next Generation ID card. If you or a child in your family is in the OhioRISE program, this ID card will also indicate OhioRISE enrollment, making this your only card. <br><br> If you have questions about what member ID card you should be using, please contact the Ohio Medicaid Consumer Hotline at 1-800-324-8680. |
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| I am a new Ohio Medicaid provider… | | |
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| 8 | How do I get credentialed with the current managed care plans until Centralized Credentialing is available beginning October 2022? | Until ODM goes live with Centralized Provider Credentialing, managed care organizations (MCOs) will continue to credential providers. With limited exceptions, every provider must also be enrolled in the Medicaid program. For current information about provider credentialling, contact each MCO via the provider relations contact information listed below.<br><br>Buckeye Community Health Plan<br>• https://www.buckeyehealthplan.com/providers/become-a-provider/join-our-network.html<br>• 1-866-246-4358<br><br>CareSource Ohio, Inc.<br>• https://www.caresource.com/oh/providers/education/become-caresource-provider/medicaid/<br>• 1-800-488-0134<br><br>Molina Healthcare of Ohio, Inc.<br>• https://www.molinahealthcare.com/providers/oh/medicaid/home.aspx<br>• 1-855-322-4079<br><br>Anthem Blue Cross and Blue Shield* (Operated by Paramount Advantage)<br>• https://www.paramounthealthcare.com/services/providers/join-our-network/<br>• 1-800-891-2542<br><br>*Administered by Paramount Advantage in West and Northeast Region until implementation of the Next Generation MCOs before the year ends.<br><br>UnitedHealthcare Community Plan of Ohio<br>• https://www.uhcprovider.com/en/resource-library/Join-Our-Network.html<br>• 1-800-600-9007<br><br>When Stage 2 goes live on October 1, 2022, ODM will implement a single, Centralized Provider Credentialing process at the state level. Once live, Centralized Credentialing will simplify the credentialing process for Medicaid providers; providers will no longer seek credentialing through each MCO. |

| 9 | How do I contract with an Ohio Medicaid Next Generation managed care organization (MCO) in preparation for implementation of the Next Generation managed care plans before the end of the year? | Providers interested in contracting with Ohio Medicaid's Next Generation MCOs can contact them via the provider relations contact information listed below. All managed care providers are also required to be enrolled in the Ohio Medicaid program. Additional information about how to enroll as a provider with ODM can be found at medicaid.ohio.gov/resources-for-providers/enrollment-and-support/provider-enrollment.

AmeriHealth Caritas Ohio, Inc.
- https://www.amerihealthcaritasoh.com/provider/index.aspx
- 1-833-296-2259

Anthem Blue Cross and Blue Shield*
- https://www.anthem.com/provider/getting-started/
- 1-800-462-3589

*Administered by Paramount Advantage in West and Northeast Region until implementation of the Next Generation MCOs before the year ends.

Buckeye Community Health Plan
- https://www.buckeyehealthplan.com/providers/become-a-provider/join-our-network.html
- 1-866-246-4358

CareSource Ohio, Inc.
- https://www.caresource.com/oh/providers/education/become-caresource-provider/medicaid/
- 1-800-488-0134

Humana Healthy Horizons in Ohio
- https://www.humana.com/provider/medical-resources/ohio-medicaid
- 1-877-856-5707

Molina Healthcare of Ohio, Inc.
- https://www.molinahealthcare.com/providers/oh/medicaid/home.aspx
- 1-855-322-4079

UnitedHealthcare Community Plan of Ohio
- https://www.uhcprovider.com/en/resource-library/Join-Our-Network.html
- 1-800-600-9007 |

| I am a pharmacist or pharmacy representative… | | |
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| 10 | What do I need to know about the transition to the Next Generation program? | ODM's goals for Single Pharmacy Benefit Manager (SPBM) are to improve administration of pharmacy benefits for managed care recipients. Through the SPBM, ODM will gain increased financial accountability and ensure alignment with our clinical and policy goals, while also improving transparency.<br><br>Until the SPBM goes live on October 1, 2022, there is <u>no change</u> to the current process for submitting pharmacy claims or pharmacy prior authorizations.<br>• If the member is only enrolled in OhioRISE, you should continue to submit pharmacy claims and prior authorizations to the Fee-for-Service (FFS) Pharmacy Benefits Administrator, Change Healthcare.<br>• For members enrolled in a managed care plan, you should continue to submit pharmacy claims and prior authorizations following the guidance provided by the managed care organization (MCO).<br>• Pharmacy claims and prior authorizations for members enrolled in Medicaid FFS should continue to be submitted to the FFS Pharmacy Benefits Administrator, Change Healthcare. |
| 11 | How is oversight and monitoring of the current managed care organization (MCO) pharmacy benefit managers (PBMs) being handled? | Since the start of the current administration, ODM has introduced a number of monitoring activities in our oversight of the MCO-operated pharmacy program.<br><br>Additionally, ODM has been working with the MCOs to increase visibility into their subcontracts, downstream agreements, and financial arrangements as they relate to pharmacy services. |
| 12 | What is the process for pharmacies to contract with the new single pharmacy benefit manager (SPBM)? | Pharmacies must be enrolled with ODM to contract with the SPBM vendor, Gainwell Technologies. Pharmacies can enroll at any time if they are not already enrolled. To enroll, please visit the Ohio Medicaid Resources for Providers webpage.<br><br>The pharmacy will then need to contract with Gainwell. All pharmacies will have to contract with Gainwell to provide pharmacy services for Medicaid managed care members. For pharmacy contracting questions, Gainwell may be reached by email at OH_MCD_PBM_network@gainwelltechnologies.com or by phone at (833) 491-0364. |

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| **I am a behavioral health and/or future OhioRISE provider…** | | |
| 13 | How are claims for OhioRISE members processed? | Providers submit claims and prior authorization requests directly to Aetna Better Health of Ohio / the OhioRISE plan. To learn more information about this, providers can listen to Module 3 of the OhioRISE community and provider training series. The April 29 training was recorded and is available now on the OhioRISE website. |
| 14 | How are pharmacy benefits impacted for OhioRISE members? | For OhioRISE members who are in Medicaid Fee-for-Service (FFS), there is no change in how pharmacy benefits are handled. Pharmacy claims and prior authorizations will continue to be handled by the FFS Pharmacy Benefits Administrator, Change Healthcare.

For OhioRISE members who are in Medicaid managed care, there will also be no change in how pharmacy benefits are handled until October 1. Beginning October 1, pharmacy claims and prior authorizations should be submitted to the Single Pharmacy Benefit Manager (SPBM), Gainwell Technologies. |